

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>2/24/00</i>
FORMALITY REVIEW		<i>71808</i>	<i>4/15/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3/07
2	✓	✓	7/07
3	✓	✓	1/07
4	✓	✓	1/07
5	✓	✓	1/07
6	✓	✓	1/07
7	✓	✓	1/07
8	✓	✓	1/07
9	✓	✓	1/07
10	✓	✓	1/07
11	✓	✓	1/07
12	✓	✓	1/07
13	✓	✓	1/07
14	✓	✓	1/07
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25	✓	✓	1/07
26	✓	✓	1/07
27	✓	✓	1/07
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47	✓	✓	1/07
48	✓	✓	1/07
49	✓	✓	1/07
50	✓	✓	1/07

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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Best Available Copy